(d) the reaction of Government thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The port officers offer their advice to the custom in respect of import of drugs and cosmetics into the country. They ensure that the drugs and cosmetics are imported in accordance to the provisions of the Drugs and Cosmetics Act, 1940 and Rules made thereunder. The samples of the drugs are drawn on random basis to check the quality of drugs imported into the country.

(c) No amendment of Rule 43 A in respect of drugs imported at IGIA is under consideration.

(d) Does not arise.

GMP for vaccine manufacturing PSUs

1348.SHRIMATI BRINDA KARAT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether WHO guidelines for Good Manufacturing Practice (GMP) are mandatory or recommendatory for domestic use of vaccines;

(b) if recommendatory, the reasons for suspension of production license of three public sector vaccine manufacturing enterprises; and

(c) if mandatory, what steps Government is taking to get GMP in the said institutions?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) WHO guidelines for GOOD MANUFACTURING PRACTICES (GMP) are not mandatory for domestic use of vaccine.

(b) Schedule-M of Drugs & Cosmetics Act prescribing Good Manufacturing Practices requirement is mandatory for all units manufacturing drugs in the country. The three Public Sector Units were found not complying to the Schedule M requirements of the Drugs & Cosmetics Act after the inspection, and hence, their licenses were suspended in January, 2008.

(c) Does not arise.

Empowering of girl child

1349.SHRI GIREESH KUMAR SANGHI:

SHRIMATI SUPRIYA SULE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether country lost 30 million girls of foeticide and the Centre has decided to make Pre-natal Diagnostic Act more stringent;

(b) if so, whether under proposed amendment to the Act clinics and doctors conducting sex determination would be stripped off their licenses, fined up to Rs.7 lakh and be imprisoned for up to three years;

(e) whether Prime Minister has urged every State to step forward towards empowering girl child; and

(d) to what extent the Union Government and the States have agreed to implement them?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) The details containing the details of Child Sex Ratio (the number of girls per 1000 boys in the age group of 0-6 years) between 1971 and 2001 derived from the Census report is given in the Statement (*See* below).

In order to check female foeticide, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was brought into operation from 1st January, 1996. The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 has since been amended to make it more comprehensive. The amended Act and Rules came into force with effect from 14.2.2003 and the PNDT Act has been renamed as "Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994" to make it more comprehensive.

The technique of pre-conception sex selection has been brought within the ambit of this Act so as to pre-empt the use of such technologies, which significantly contribute to the declining sex ratio. Use of ultrasound machines has also been brought within the purview of this Act more explicitly so as to curb their misuse for detection and disclosure of sex of the foetus lest it should lead to female foeticide. The Central Supervisory Board (CSB) constituted under the Chairmanship of Minister for Health and Family Welfare has been further empowered for monitoring the implementation of the Act. State level Supervisory Boards in the line of the CSB constituted at the Centre has been introduced for monitoring and reviewing the implementation of the Act in States/UTs. The State/UT level Appropriate Authority has been made a multi member body for better implementation and monitoring of the Act in the States. More stringent punishments are prescribed under the Act so as to serve as a deterrent for minimizing violations of the Act. Appropriate Authorities are empowered with the powers of Civil Court for search, seizure and sealing the machines, equipments and records of the violators of law including sealing of premises and commissioning of witnesses. It has been made mandatory to maintain proper records in respect of the use of ultrasound machines and other equipments capable of detection of sex of foetus and also in respect of tests and procedures that may lead to pre-conception selection of sex. The sale of ultrasound machines has been regulated through laying down the condition of sale only to the bodies registered under the Act.

The proposal to amend the Act suitably with a view to making penalty provisions for violators of the Act more stringent, including imposition of fine up to Rs.5 lakhs and incarceration up to 7 years upon conviction, is being considered in consultation with legal experts and all the stake holders.

The State/UT Governments have been requested to take forward the favourable impetus generated towards gild child on the occasion of the national level meet on 'Save the Girl Child, held at New Delhi on 28.4.2008 and the message delivered by the hon'ble Prime Minister while inaugurating the meet in their respective States/UTs so that the age old bias against girl child is obliterated and the incidence of female foeticide is contained.

Statement

Details of Child Sex Ratio over the Years

State/UTs	1971	1981	1991	2001
1	2	3	4	5
India	964	962	945	927
Jammu and Kashmir	959	964	NA	941
Himachal Pradesh	981	971	951	896
Punjab	899	908	875	798
Chandigarh	892	907	899	845
Uttaranchal	NA	NA	949	908
Haryana	899	902	879	819
Delhi	909	926	915	868
Rajasthan	932	954	916	909
Uttar Pradesh	923	935	927	916
Bihar	964	981	953	942
Sikkim	1087	978	965	963
Arunachal Pradesh	968	997	982	964
Nagaland	991	988	993	964
Manipur	986	986	974	957
Mizoram	NA	986	969	964
Tripura	977	972	967	966
Meghalaya	992	991	986	973
Assam	1002	NA	975	965
West Bengal	1010	981	967	960
Jharkhand	NA	NA	979	965
Orissa	1020	995	967	953
Chhattisgarh	NA	NA	984	975
Madhya Pradesh	976	977	941	932
Gujarat	946	950	928	883
Daman and Diu	NA	NA	958	926
Dadra and Nagar Haveli	1021	995	1013	979
Maharashtra	972	956	946	913
Andhra Pradesh	990	992	975	961

1	2	3	4	5
Karnataka	976	974	960	946
Goa	964	965	964	938
Lakshadweep	929	964	941	959
Kerala	978	970	958	960
Tamil Nadu	974	967	948	942
Pondicherry	978	975	963	967
Andaman and Nicobar Islands	978	978	973	957

NOTE: For 1971, the figure of Goa includes Daman & Diu

The figures of Bihar, Madhya Pradesh and Uttar Pradesh for 1971 and 1981 include the figures of Jharkhand, Chhattisgarh and Uttaranchal, respectively.

For Jammu & Kashmir, 1991 Census data is not available

SOURCE : Census 1991 & 2001, Office of the Registrar General, India

Strengthening of public health services in Andhra Pradesh

1350. SHRIMATI T. RATNA BAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is making efforts to strengthen public health services to remove apprehension among the people especially in Andhra Pradesh; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) To overcome the apprehension the Government of Andhra Pradesh has taken the following steps. Government is effectively implementing all National Health Programmes *i.e.* National Vector Born Diseases Control Programme, Water Born Diseases Control Programme, sanitation in Primary Health Centres, Integrated Disease Surveillance Project, National Programme for Control of Blindness, National Leprosy Eradication Programme, Revised National Tobacco Control Programme and also conducting Malaria surveillance and chlora activities.

AIIMS like institution at Rohru, Shimla

1351. SHRIMATI VIPLOVE THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Governemnt will set up AIIMS like institution at Rohru for the people of Rohru, Dodrakwar, Chirgaon and Jubbal Tehsil in Shimla Distt. Of Himachal Pradesh for better health service under Pradhan Mantri Swasthya Suraksha Yojana; and

(b) if so, by when it would be implemented as this area is backward and hilly?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) There is no proposal to set an AIIMS-like institution at Rohru, Shimla in the State of Himachal Pradesh. However, it is proposed to upgrade Rajendra Prasad Government Medical College, Shimla in the second phase of PMSSY, for which necessary approvals are being obtained.